

MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09
APPLICANT

FILING DATE

806216

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1.	/	/	/	
2.	/		/	
3.	/		/	
4.	3		3	
5.	(1)		3	
6.	(3)		(3)	
7.	(3)		(1)	
8.	/		/	
9.	/		/	
10.	2		2	
11.	(1)		3	
12.	(1)		2	
13.	(1)		2	
14.	(1)		2	
15.	(1)		4	
16.	(1)		4	
17.	(1)		4	
18.	(1)		4	
19.	(1)		4	
20.	(1)		4	
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49.				
50.				
TOTAL IND.		1		
TOTAL DEP.		46		
TOTAL CLAIMS		47		

100

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

100

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

PTO-1250 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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